205

WOODLAND HEALTHCARE CENTER 18740 WEST BLUEMOUND ROAD

	TO TO MEDI DEC.								
	BROOKFIELD	53045	Phone: (262) 782-0230						
	Operated from	1/1 To 12/31	Days of Operation:	365					
Operate in Conjunction with Hospital?									
	Number of Beds	Set Up and St	affed (12/31/05):	224					
	Total Licensed	Bed Capacity	(12/31/05):	224					

Number of Residents on 12/31/05:

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 202

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)							
Primary Diagnosis	%	Age Groups 	 %	 Less Than 1 Year 1 - 4 Years	48.8 42.9			
Developmental Disabilities	1.5	Under 65	21.0	More Than 4 Years	8.3			
Mental Illness (Org./Psy)	17.1	65 - 74	9.8					
Mental Illness (Other)	9.8	75 - 84	34.6		100.0			
Alcohol & Other Drug Abuse	0.0	85 - 94	28.3					
Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.3	Full-Time Equivalent				
Cancer	0.5			Nursing Staff per 100 Resid	ents			
Fractures	4.4		100.0	(12/31/05)				
Cardiovascular	19.5	65 & Over	79.0					
Cerebrovascular	6.8			RNs	7.2			
Diabetes	9.8	Gender	%	LPNs	10.7			
Respiratory	13.2			Nursing Assistants,				
Other Medical Conditions	17.6	Male	30.2	Aides, & Orderlies	40.4			
		Female	69.8					
	100.0							
			100.0					
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Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)		Other			Private Pay			Family Care			Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	12	8.6	147	0	0.0	0	18	100.0	190	0	0.0	0	 5	71.4	436	35	17.1
Skilled Care	24	100.0	246	116	82.9	125	12	100.0	125	0	0.0	0	0	0.0	0	2	28.6	327	154	75.1
Intermediate				2	1.4	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Ir	nj O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	10	7.1	450	0	0.0	0	0	0.0	0	4	100.0	450	0	0.0	0	14	6.8
Total	24	100.0		140	100.0		12	100.0		18	100.0		4	100.0		7	100.0		205	100.0

WOODLAND HEALTHCARE CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as of 12	/31/05
Deaths During Reporting Period							
		İ		9	% Needing		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	3.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	3.9		54.6	41.5	205
Other Nursing Homes	7.3	Dressing	20.5		51.2	28.3	205
Acute Care Hospitals	84.1	Transferring	25.9		41.5	32.7	205
Psych. HospMR/DD Facilities	0.0	Toilet Use	21.0		42.9	36.1	205
Rehabilitation Hospitals	3.4	Eating	65.4		18.5	16.1	205
Other Locations	0.7	********	******	*****	******	* * * * * * * * * * * * * * * * * * * *	******
Total Number of Admissions	441	Continence		%	Special Trea	tments	8
Percent Discharges To:		Indwelling Or Extern	al Catheter	10.2	Receiving	Respiratory Care	18.0
Private Home/No Home Health	12.1	Occ/Freq. Incontiner	nt of Bladder	52.2	Receiving	Tracheostomy Care	6.8
Private Home/With Home Health	16.4	Occ/Freq. Incontiner	nt of Bowel	46.8	Receiving	Suctioning	6.8
Other Nursing Homes	1.8				Receiving	Ostomy Care	2.9
Acute Care Hospitals	44.5	Mobility			Receiving	Tube Feeding	7.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving 1	Mechanically Altered Diet	s 26.8
Rehabilitation Hospitals	0.0						
Other Locations	0.4	Skin Care			Other Reside	nt Characteristics	
Deaths	19.6	With Pressure Sores		5.9	Have Advan	ce Directives	73.7
Total Number of Discharges		With Rashes		6.3	Medications		
(Including Deaths)	445	İ			Receiving	Psychoactive Drugs	67.3

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Proprietary		2	00+	Ski	lled	Al	1
	Facility	Peer	Peer Group % Ratio		Peer Group		Peer Group		lities
	%	%			% Ratio		Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.2	85.1	1.06	91.9	0.98	86.5	1.04	88.1	1.02
Current Residents from In-County	41.0	82.7	0.50	80.1	0.51	84.9	0.48	77.6	0.53
Admissions from In-County, Still Residing	7.3	15.8	0.46	23.2	0.31	17.5	0.41	18.1	0.40
Admissions/Average Daily Census	218.3	247.5	0.88	106.9	2.04	200.9	1.09	162.3	1.35
Discharges/Average Daily Census	220.3	250.7	0.88	108.2	2.04	204.0	1.08	165.1	1.33
Discharges To Private Residence/Average Daily Census	62.9	109.5	0.57	31.8	1.98	86.7	0.73	74.8	0.84
Residents Receiving Skilled Care	92.2	96.3	0.96	96.3	0.96	96.9	0.95	92.1	1.00
Residents Aged 65 and Older	79.0	84.6	0.93	92.5	0.85	90.9	0.87	88.4	0.89
Title 19 (Medicaid) Funded Residents	68.3	59.3	1.15	61.4	1.11	55.0	1.24	65.3	1.05
Private Pay Funded Residents	8.8	13.3	0.66	19.2	0.46	22.5	0.39	20.2	0.44
Developmentally Disabled Residents	1.5	1.9	0.75	1.0	1.50	1.1	1.29	5.0	0.29
Mentally Ill Residents	26.8	29.4	0.91	36.8	0.73	31.0	0.86	32.9	0.82
General Medical Service Residents	17.6	26.5	0.66	19.0	0.92	26.5	0.66	22.8	0.77
Impaired ADL (Mean)	51.9	53.7	0.97	52.0	1.00	52.3	0.99	49.2	1.05
Psychological Problems	67.3	53.4	1.26	61.7	1.09	58.3	1.15	58.5	1.15
Nursing Care Required (Mean)	10.1	7.7	1.32	8.0	1.26	7.3	1.39	7.4	1.36